



CERTIFICATION APPLICATION

SMALL BUSINESS DEVELOPMENT (SBD)

Date Received (Stamp Date Below):

STEPHEN P. CLARK BUILDING

111 N.W. 1ST STREET, 19th Floor

MIAMI, FL 33128

PH: (305) 375-3111 FAX: (305) 375-3160

WEBSITE: <http://www.miamidade.gov/smallbusiness/certification-programs.asp>.

INSTRUCTIONS: Please complete each item (must be typed or written in ink). *Do not leave any blank spaces. If a question is not applicable to your business, please insert "N/A" in the space provided for your answer.* Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use the question number to identify any answer continued on an additional sheet. **AN INCOMPLETE APPLICATION WILL BE RETURNED.**

How did you hear about us?

☐ Internet/Social Media

☐ Workshops

☐ Bus/Rail Ads

☐ Other

Section I Small Business Enterprise Programs:

You may select one or more SBE program(s) for certification:

Miami - Dade County Small Business Programs:

☐ Small Business Enterprise – Goods & Services

☐ Small Business Enterprise – Construction Services*

☐ Small Business Enterprise – Architecture and Engineering

Other Programs:

☐ Local Developing Business (LDB)

***For Construction firms only –All certified firms will be automatically added to the 7040 and 7360 Pools.**

Please indicate if you do not wish to participate:

☐ I do not wish to be added to the MCC 7040 Pool

☐ I do not wish to be added to the MCC 7360 Pool

Section II General Applicant Information

A. Legal Name of Business _____

Trade Name or D/B/A: _____

Business Address (Miami-Dade County location only): _____ Commissioner District#: _____

City: _____ State: _____ Zip Code: _____ County: _____

Contact Person: _____ Title: _____

Majority Owner's Name: _____

Office Telephone: _____ Fax: _____ Business Cell Phone _____

E-mail: _____ Mailing Address (if different): _____

B. BUSINESS STRUCTURE:

ALL APPLICANTS MUST INDICATE THE BUSINESS' ESTABLISHED DATE: ____/____/____

BUSINESS ENTITY FEDERAL ID NO. _____

☐ CORPORATION

☐ SUB CHAPTER S CORPORATION (Please provide form 2553- Election by Small Business Corporation)

Date of Incorporation: ____/____/____

State of Corporation: _____

The Firm is authorized to issue how many Shares: _____

Have any shares been issued? ☐ Yes ☐ No

If yes, indicate below type/number of shares issued: (copies of corporate documents are required)

Number of Preferred: _____

Number of Common: _____

- ☐ LLC - *Limited Liability Company* – submit *Operating Agreements or Member Certificates* are required (if available)
- ☐ PARTNERSHIP – submit *Partnership Agreement* required (if available)
- ☐ SOLE PROPRIETORSHIP SSN:/EIN: _____

C. Please describe the primary purpose /function of your firm. List the type of services the firm provides.

Please indicate below the NIGP Commodity Codes for **SBE – Good & Services** ☐ N/A
www.miamidade.gov/procurement

Please indicate the NAICS Codes for all LDB and **SBE – Construction Services** ☐ N/A
[https://www.sba.gov/sites/default/files/files/Size Standards Table.pdf](https://www.sba.gov/sites/default/files/files/Size%20Standards%20Table.pdf)

Please indicate the Technical Certification Categories for **SBE – Architectural and/or Engineering** ☐ N/A
<http://www.miamidade.gov/procurement/pre-qualification-and-technical-certification-process.asp>

Section III Ownership/Control of Firm

A. Identify all owners, partners, or shareholders individually and list the requested information for each.

Name/Title	Race/Ethnicity Group	Sex M/F	% Ownership

B. Qualifier or License Holder's Name: _____ ☐ N/A

C. Personal Financial (Net Worth) Statement

Please complete and submit Attachment B of the Personal Net Worth for each owner(s). Attachment A must be maintained in your office.

D. Identify those individuals who are responsible for day-to-day management and policy decisions. Attach a separate sheet, if necessary.

	Name of Person(s)	Title
Contract Negotiation	1.	
	2.	
Field Supervisor	1.	
	2.	
Financial Decisions	1.	
	2.	
Management Decisions	1.	
	2.	
Marketing/Sales Decisions	1.	
	2.	
Management Technical Personnel	1.	
	2.	

E. Name of current members of the Board of Directors: ☐ N/A

Name/Title	Ethnicity	Period of Service	% Stock Owned
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____
_____	_____	___/___/___ - ___/___/___	_____

F. Identify all owners of the applicant firm that have ownership, financial interest and/or affiliation in another firm (include non-profit organizations, domestic or foreign firms). Please identify the owner's name, company name, type of goods and/or services provided and the percentage of ownership. (Use attachment if necessary). ☐ N/A

Name	Company Name	Type of Business /Svcs	% Ownership

Which of the above firms listed in "F" are SBE certified by Miami-Dade County? _____

- G.** If your company is owned in full or in part by another firm, identify that firm and indicate percentage of the ownership interest. ☐ N/A

Firm Name	Address	% Ownership	Contact Person	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- H.** Does any owner/principal/board member/officer from the applicant firm work for another firm that is engaged in the same or similar line of business? ☐ Yes ☐ No

If you answered yes to the above question, please identify the individual(s) and position held with the other firm as applicable, use a separate sheet if needed.

Individual Name	Title/Position	Firm	Services Provided

- I.** Identify and fully explain any changes within the past 15 months affecting the ownership, control and/or responsibility for the day-to-day operations of the company (use a separate sheet if necessary). ☐ No Changes

- J.** During the past 15 months has any owner, key management official, or qualifier been employed in any capacity by another company? ☐ Yes ☐ No

If "yes", please identify owner, qualifier, or management official employed, the employer, job title/work performed and salary/compensation.

- K.** Are any owner(s) of the applicant firm currently employed with Miami-Dade County? ☐ Yes ☐ No

If "yes", please contact the Miami-Dade Ethic Commission for a legal opinion and submit the opinion along with your application.

Name: _____

Department: _____

Section IV Financial Information

A. GROSS RECEIPTS FOR LAST THREE YEARS (Applicant Firm and Affiliates):

Please submit Owner/Officer signed copies of corporate federal tax returns with all pages/schedules for the most recent year for domestic and foreign firms. If you filed an IRS Tax Return Extension, you must provide a copy of the extension and a copy of the business' most recent income statement for domestic and foreign firms.

B. Number of authorized signatures on company's checking account: _____

Please give the name and title of individual(s) authorized to sign checks.

Print Name

Title

_____	_____
_____	_____
_____	_____
_____	_____

C. List all cash contributions to your business during the past 36 months, including gifts, loans, equipment, expertise, etc.: ☐ N/A

Source of Contribution	Type of Contribution	Amount/Value	Purpose of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section V Certification History

A. Has the applicant firm or any firm affiliated with the applicant firm been denied certification, decertified, suspended, or challenged as a small, minority, or Disadvantaged Business Enterprise (DBE) by any agency or institution during the past 36 months? ☐ Yes ☐ No If "Yes", Identify and explain in detail on a separate sheet of paper:

Agency	Type of Action	Telephone	Contact Person	Date of Denial
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___

B. Has the applicant firm or any firm affiliated with the Applicant firm's owner, officers, directors, or senior management been suspended or debarred from contracting with any government entity?

☐ Yes ☐ No If yes, please explain on a separate sheet of paper.

Section VI Licenses and Registrations

A. Is your firm registered / authorized to do business in the State of Florida?

☐ Yes ☐ No If "No", please explain:

B. Does your firm have all the required business licenses?

☐ Yes ☐ No If "No", please explain:

C. Is your firm registered / authorized to do business in Miami-Dade County, and have a valid Miami-Dade County Local Business Tax Receipt for at least one year? ☐ Yes ☐ No If "No", please explain:

Section VII Facility Information

A. List all offices and facilities used by the Applicant Firm. **NOTE:** In the chart below use "C" for a Commercial location and "R" for Residential location. Attach written lease agreements (with contact information for landlord) or proof of ownership (deed, mortgage agreement, or property tax bill).

**** If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment*

Address Street Number, FL/Rm/Ste., City, and Zip	Purpose i.e. principal office, storage, warehouse	Size Approx. Sq. Ft.	Type (C/R)	Shared Facility (Y/N)

B. List the name(s) and contact information of the firm(s) that shares space with the applicant firm. ☐ N/A

Shared Facility Address (Street Number, FL/Rm/Ste., City, and Zip)	Name of Firm Sharing Facility	Principal Business Activities	Contact Name	Telephone



DISCLOSURE AFFIDAVIT FOR CERTIFICATION

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

BEFORE ME, an officer duly authorized to administer oaths and take
acknowledgement, personally appeared _____, who being
Print Name of Owner

first duly sworn deposes and affirms that the provided information statements are true and
correct to the best of his/her knowledge information and belief.

Signature of Owner

SWORN TO and subscribed before me this ____ day of _____, 201__

Signature of Notary Public-State of Florida

My Commission Expires:

I UNDERSTAND THAT SMALL BUSINESS DEVELOPMENT, A DIVISION OF THE INTERNAL SERVICES DEPARTMENT OF MIAMI-DADE COUNTY, RESERVES THE RIGHT TO CONDUCT INVESTIGATIONS AND REQUEST ADDITIONAL INFORMATION NECESSARY TO VERIFY THE STATEMENTS AND INFORMATION PROVIDED. A SITE VISIT MAY BE CONDUCTED AT MY BUSINESS LOCATION. FAILURE TO PRODUCE THE REQUIRED DOCUMENTS SHALL RESULT IN NONAPPROVAL OF MY SMALL BUSINESS CERTIFICATION APPLICATION, OR THE IMMEDIATE DECERTIFICATION OF MY BUSINESS.

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR, SUB-CONTRACTOR, VENDOR OR SUB-VENDOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 837.012, THE FLORIDA STATUTES.



CERTIFICATION DOCUMENT CHECKLIST

Please include all support documents with your application

Failure to do so delays the certification review process

Please include this checklist for easier processing

Firm Name:		<u>SBD Use Only</u>
<input type="checkbox"/>	1. Personal Financial (net worth) Statement (for each owner of the applicant firm) Attachment B must be submitted with the application.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	2. Copies of signed corporate federal tax returns, including all schedules for the last three (3) years or number of years a firm and/or affiliates has been in business. For sole proprietor, <u>signed</u> copies of individual tax returns for the last 3 years or number of years the firm and/or affiliates have been in business.	<input type="checkbox"/> Submitted <input type="checkbox"/> Submitted - Affiliates
<input type="checkbox"/>	3. Copies of Corporation/ LLC/Partnership/ Sole Proprietorship Documents (See Section 3) (Articles of Incorporation, Stock Certificate (front and back); Stock Ledger, Corporation Meeting Minutes, Operating Agreement Membership Certificate). <i>***If there are no Corporate documents or stock certificates issued, please provide a written statement indicating as such..</i>	<input type="checkbox"/> Submitted (Sunbiz Report)
<input type="checkbox"/>	4. Qualifier must be an owner: <input type="checkbox"/> SBE-Architecture & Engineering– 25% <input type="checkbox"/> SBE- Construction Services – 10% <input type="checkbox"/> SBE–Goods & Services - 10%	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="checkbox"/>	5. Picture ID for each owner (i.e., driver’s license)	<input type="checkbox"/> Submitted
<input type="checkbox"/>	6. Copies of all current Miami-Dade County Local Business Tax (LBT) Receipt(s) (formerly Occupational License); for the firm. Note: if the firm is a professional association (e.g. accountant, architect, engineer) provide LBT for the firm and the individual.	<input type="checkbox"/> Submitted
<input type="checkbox"/>	7. Copies of current State and/ or Miami-Dade County license(s) or permit(s).	<input type="checkbox"/> Submitted
<input type="checkbox"/>	8. Current Lease Agreement (Purchase Agreement, or copy of Warranty Deed to show ownership of property. <i>*** If a lease agreement is not available, please submit copies of the last three months cancelled checks or record of payment to validate rental payment</i>	<input type="checkbox"/> Submitted
<input type="checkbox"/>	9. Copy of manufacturers or wholesalers most recent Florida Department of Revenue Employer’s Quarterly Report-Form RT-6 (Goods & Services Only).	<input type="checkbox"/> Submitted
	Comments:	



Small Business Development (SBD)

Business Assistance Quick Profile & Planning Survey

Please return with your new or re-certification documentation

Tell Us About Your Business Are you certified in Miami-Dade County's Local Small Business Program(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you need assistance? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Business: _____ Your Name: _____ Contact Telephone number(s): Business: _____ Cell: _____ Business Address: _____ Street City State Zip Commissioner District # _____ http://www.miamidade.gov/commiss/ E-Mail Address: _____ How long have you been in business? Less than 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> More than 3 years <input type="checkbox"/> Type of Business: Construction <input type="checkbox"/> Goods & Services <input type="checkbox"/> Architect/Engineer <input type="checkbox"/> Retail <input type="checkbox"/> Distribution <input type="checkbox"/> Manufacturing <input type="checkbox"/> Technology <input type="checkbox"/> # of Employees _____ Bonding Capacity: _____ Legal Structure of Business Sole Proprietary <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/>	If yes, please check desired services: Business Counseling <input type="checkbox"/> Workshop/Classes <input type="checkbox"/> Business Plan <input type="checkbox"/> Marketing <input type="checkbox"/> Credit Repair _____ Legal Counseling <input type="checkbox"/> Employee Recruitment <input type="checkbox"/> Tax Credit Information <input type="checkbox"/> Insurance (Health/Other) <input type="checkbox"/> <hr/> Financing <input type="checkbox"/> Accounting <input type="checkbox"/> Bonding <input type="checkbox"/> Other <input type="checkbox"/> _____ Are you interested in participating in periodic Roundtable Mentoring Sessions with other small business owners? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you belong to a Chamber of Commerce or Industry Association/Organization? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please indicate below: _____ _____ _____ LEED Certified <input type="checkbox"/>